

For assistance call (605) 773-3352

License No. _____

Application must be postmarked before **February 1** of the license renewal year and submitted with a \$50.00 fee to:

Water Rights Program
523 E Capitol
Pierre, SD 57501-3181

1. Name of Applicant _____ **Phone** _____
(Company)

Address _____
(Street, RR, box) (City) (State) (Zip code)

2. License Representative(s) _____

Yes ☐ No ☐ If answer is No, please request copies of laws and/or rules before submitting application.

Yes ☐ No ☐ Number of Wells Drilled in South Dakota _____.

[illegible]

STATE OF _____)
) SS

COUNTY OF _____)

License Representative(s) for _____
(Company)

certify that I (We) have read the foregoing application and that the matter therein stated is true.

Signed _____ License Representative

Signed _____ License Representative